

TECHNICAL PROPOSAL PACKET
SP-19-0094

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E1: Preferred Provider Organization (PPO) Requirements	
A. Describe your company's process and procedure for obtaining Medical Providers and Specialty Medical Providers.	5 points
B. Describe your company's process and procedure for ensuring that each county in Arkansas has coverage by a Medical Provider and Specialty Medical Provider(s) . If one provider covers multiple counties, please explain how their time will be divided to ensure each county is covered.	5 points
C. Describe your company's process and procedure for coverage of Medical and Specialty Medical Providers in cities that border a neighboring state.	5 points
D. Describe your company's process and procedure for guaranteeing that the average percentage of savings is below the AWCC fee schedule.	5 points
E2: Professional Bill Review Program Requirements	
A. Describe the experience of your company's Bill Review Personnel and the specific experience, if awarded, of the individual who will be assigned to this account.	5 points
B. Describe your company's process and procedure for Intake, Imaging and Scanning of bills.	5 points
C. Describe your company's methodology for Imaging and Indexing of bills.	5 points
D. Describe your company's length of time for processing medical bills fir Bill Review.	5 points
E. Describe your company's timeliness for transferring Bill Review data and images to the State.	5 points
F. Describe your company's ability and process for handling Bill Review of individual bills identified by the Public Employee Claims Division in an expedited manner.	5 points
E3: Medical Case Management	
A. Describe the experience of your company's Medical Case Management Personnel and the specific experience, if awarded, of the individual or individuals who will be assigned to this account.	5 points

B. Describe your company's process for handling Medical Case Management referrals.	5 points
C. Describe your company's process for guaranteeing timeliness from referral to active medical case management involvement (including Late Friday referrals).	5 points
D. Describe your company's process for guaranteeing timeliness of information updates by Medical Case Management to the Public Employee Claims Division Claims staff.	5 points
E. Describe your company's process for handling the receipt of information about the initial injury and the receipt of claim updates from the Public Employee Claims Division.	5 points
F. Describe your company's process for the sending and receiving of data and imaging for medical bills to and from your company and the Public Employee Claims Division.	5 points
G. In what Arkansas and border cities are your company's case managers that will be working under this contract located? Include employees that work from home.	5 points
E4: Utilization Review Program Requirements and Pre-Certification of Medical Procedures and Hospitalizations Requirements	
A. Describe the experience of your company's Utilization Review and Pre-Certification personnel and the specific experience, if awarded, of the individual or individuals who will be assigned to this account.	5 points
B. Describe your company's process and procedure for handling Utilization Review and Pre-Certifications.	5 points
C. Describe your company's process for guaranteeing the timeliness of Utilization Review and Pre-Certification from time of referral to resolution.	5 points
D. Describe your company's access to quality peer review providers who will provide prompt, clear, and concise responses.	5 points
E5: Electronic Invoicing and Reporting Requirements	
A. Describe your company's process for handling electronic invoicing for services provided, if awarded, under this contract.	5 points
B. Describe your company's reporting capabilities. Explain in detail how your company will handle reports stated in the RFP.	5 points